ATTACH THE CORRESPONDING SCHEDULE IF YO	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	New Officer or Employee Employing Office:	New Member of or Candidate for State: NS. House of Representatives District: C12.2 Candidates – Date of Election: New Member of or Candidate for State: NS. House of Election: New Member of or Candidate for State: NS. House of Election: NS. House of El	Name: Hetrick & Mulson D:	FINANCIAL DISCLOSURE STATEMENT	
SPONDING SC	No U	\$ 	No U	THESE QUES			Daytime Telephone	or New Members	
HEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	TIONS	Period Covered: January 1, 201	Check if Amendment	one .	FORM B For New Members, Candidates, and New Employees	
3	\$5,000 from a single	arrangement with an the current calendar	g the reporting period date of filing?		A \$200 penalty shall individual who files	(Office Use Only)	<u></u>	E E	MAY 1 4 2018
	Yes No	Yes No	Yes No "]		A \$200 penalty shall be assessed against any individual who files more than 30 days late.	U.S. HOUSE OF REPRESENTAT	18 MAY 23 PM 2:1	Page 1 of LEGISLATIVE RESOURCE CE	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes **Z**

EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes

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	Bitcain Cash	Bitain	ABC Hedge Fund X	Evamoles:	SP, Maga Com Strock EFF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A gequirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.		BLOCK A Assets and/or Income Sources	SCHEDULE A – ASSETS &
	X		×	Indefinite	×	\$1-\$1,000 B. \$1,001-\$15,000 C. \$15,001-\$50-000 C. \$50,001-\$100,000 m. \$160,001-\$250,000 C. \$250,001-\$1,000,000 C. \$500,001-\$1,000,000 C. \$5,000,001-\$5,000,000 C.		indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	BLOCK B Value of Asset	& "UNEARNED INCOME"
×	×	×	Partnership Income	Royalites	×	NONE DMIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None if the asset generated no income during the reporting period.	BLOCK C Type of Income	Name: Otric
X X X X X X X X X X	×	×	ng X	× ×	×	\$100,001-\$1,000,000	Current Year Preceding Year	as other assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all as other assets indicate the category of income by checking the appropriate box below. Dividends, interest, by and capital gains, even if reinvested, must be disclosed as income for assets held in taxable in accounts. Check "None" if no income was earned or generated. **Column XII is for assets held by your spouse or dependent child in which you have no interest. **Column XII is for assets held by your spouse or dependent child in which you have no interest.	BLOCK D Amount of Income	F Nulson Page 2 of]

Use additional sheets if more space is required.

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BLOCK A	Assets and/or income Sources					ASSET NAME EIF				:											
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P	Value of Asset		717		\$100,001-\$250,000																
BLOCK B	웃		G		\$250,001-\$500,000					<u> </u>											
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		ı	¥	\$1,000,000*	Spouse/DC Income over \$1,000																

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

e filer's current em]
e filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the file	Name: Patrick F Nelson
ore during the reporting period. For both the file	Page of

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

					to hand O	New York State Ausembly	EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for nonoraria)	
					House	Sam	Spouse Speech Spouse Salary	Honorarium Salary	Type	4
					Ø	Ø	\$0 N/A	\$0 \$20,000	Current Year to Filing	
				۵	দ্র	150	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: Page 5

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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			SP, DC, JT		
	Mayic	Example			
	licht	First Bank of Wilmington, DE	Creditor		
	BIOCH	5/98	Date Liability Incurred MO/YR		
	School Laan	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude**: Positions held in any religious, social, fraternal, or political

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GILLARY WAR OWN	The Charles The French Charles T	Mohamay Parload Statement by	Liventhing I kily Norwal	NY HUMBER	Name of Organization

S

SCHEDU	SCHEDULE F – AGREEMENTS	Name: Thought to New Page 6 of]
Identify the da	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Pate	Parties to Agreement	Terms of Agreement
LIME	My will to still and Still My	tarticipation in thousan
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

		r., .,	br. Kindy Elmonter (Alboy, NY)	Ligandal Jac.	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	government and mil minimater or isolation or installed as a form of a printing of loans in in social and in a separate
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